

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

HTIS CASE COPY FOR 980120

POL # 82- A SURNAME DC 16- 83780/58300 30-VIRGINIA BLANJA MODULE CASH

APR 19 1992 1992 TYPE: 1 DIST: 118 REASON: 101 LOSS DO BLN. CNV: 0000000000 ON DATE 000000 190-A DATE 04/19/92 PLAN: 1992

EXPLANATION: TO REVERSE CASH SURRENDER OF 9-28-89 & CLEAR

190A CTAL 10084521 - SOSP ASSETS TO BE CLEARED WHEN PREMS PAID

INSURED

SEQ	DEPT	ACCT	DESCRIPTION	DEBIT	CREDIT	SECONDARY POLICY
001	030	48001	SUMR. VALUES DIA BUS	1	1000.32	
003	030	48004	NOTICE A1	1	821.38	
018	030	78101	SUSPENSE ASSETS DEPARTMENTAL	1	2103.22	
018	030	78100	BUS LEAS - PREM RENT - 18CA	1	1804.70	

NOTICE FEEDBACK WAS PRODUCED

DIVIDEND FEEDBACK IT 38 INT 54 WAS PRODUCED

IT	QWR	CURR	INT	INT	INT	INT	INT
38	QWR	AT/AA	INT	INT	INT	INT	INT
38	QWR	AT/AA	INT	INT	INT	INT	INT

MP401112972

Account	Trans. Code	Debit	Credit	Balance	Account	Trans. Code	Debit	Credit	Balance
Die of Name Paid	45.4		55.4		Death Colln Pending Debit		55.4		
Die Oversee Paid	45.1		55.4		Change/Reassessment Pending Debit		55.9		
Die Arson Paid	45.2		55.2		Keen 172294 Hlt	57.1			55.1
Die Ship Paid	45.3		55.3		Debit/My Mail	57.2			55.2
Die Oil Paid	45.4		55.4		Commission Visa	57.3			55.3
Die Arson Paid	45.5		55.5		Commission Visa	57.4			55.4
Die Ship Paid	45.6		55.6		Commission Visa	57.5			55.5
Die Oil Paid	45.7		55.7		Commission Visa	57.6			55.6
Die Arson Paid	45.8		55.8		Commission Visa	57.7			55.7
Die Ship Paid	45.9		55.9		Commission Visa	57.8			55.8
Die Oil Paid	46.0		56.0		Commission Visa	57.9			55.9
Die Arson Paid	46.1		56.1		Commission Visa	58.0			56.0
Die Ship Paid	46.2		56.2		Commission Visa	58.1			56.1
Die Oil Paid	46.3		56.3		Commission Visa	58.2			56.2
Die Arson Paid	46.4		56.4		Commission Visa	58.3			56.3
Die Ship Paid	46.5		56.5		Commission Visa	58.4			56.4
Die Oil Paid	46.6		56.6		Commission Visa	58.5			56.5
Die Arson Paid	46.7		56.7		Commission Visa	58.6			56.6
Die Ship Paid	46.8		56.8		Commission Visa	58.7			56.7
Die Oil Paid	46.9		56.9		Commission Visa	58.8			56.8
Die Arson Paid	47.0		57.0		Commission Visa	58.9			56.9
Die Ship Paid	47.1		57.1		Commission Visa	59.0			57.0
Die Oil Paid	47.2		57.2		Commission Visa	59.1			57.1
Die Arson Paid	47.3		57.3		Commission Visa	59.2			57.2
Die Ship Paid	47.4		57.4		Commission Visa	59.3			57.3
Die Oil Paid	47.5		57.5		Commission Visa	59.4			57.4
Die Arson Paid	47.6		57.6		Commission Visa	59.5			57.5
Die Ship Paid	47.7		57.7		Commission Visa	59.6			57.6
Die Oil Paid	47.8		57.8		Commission Visa	59.7			57.7
Die Arson Paid	47.9		57.9		Commission Visa	59.8			57.8
Die Ship Paid	48.0		58.0		Commission Visa	59.9			57.9
Die Oil Paid	48.1		58.1		Commission Visa	60.0			58.0
Die Arson Paid	48.2		58.2		Commission Visa	60.1			58.1
Die Ship Paid	48.3		58.3		Commission Visa	60.2			58.2
Die Oil Paid	48.4		58.4		Commission Visa	60.3			58.3
Die Arson Paid	48.5		58.5		Commission Visa	60.4			58.4
Die Ship Paid	48.6		58.6		Commission Visa	60.5			58.5
Die Oil Paid	48.7		58.7		Commission Visa	60.6			58.6
Die Arson Paid	48.8		58.8		Commission Visa	60.7			58.7
Die Ship Paid	48.9		58.9		Commission Visa	60.8			58.8
Die Oil Paid	49.0		59.0		Commission Visa	60.9			58.9
Die Arson Paid	49.1		59.1		Commission Visa	61.0			59.0
Die Ship Paid	49.2		59.2		Commission Visa	61.1			59.1
Die Oil Paid	49.3		59.3		Commission Visa	61.2			59.2
Die Arson Paid	49.4		59.4		Commission Visa	61.3			59.3
Die Ship Paid	49.5		59.5		Commission Visa	61.4			59.4
Die Oil Paid	49.6		59.6		Commission Visa	61.5			59.5
Die Arson Paid	49.7		59.7		Commission Visa	61.6			59.6
Die Ship Paid	49.8		59.8		Commission Visa	61.7			59.7
Die Oil Paid	49.9		59.9		Commission Visa	61.8			59.8
Die Arson Paid	50.0		60.0		Commission Visa	61.9			59.9
Die Ship Paid	50.1		60.1		Commission Visa	62.0			60.0
Die Oil Paid	50.2		60.2		Commission Visa	62.1			60.1
Die Arson Paid	50.3		60.3		Commission Visa	62.2			60.2
Die Ship Paid	50.4		60.4		Commission Visa	62.3			60.3
Die Oil Paid	50.5		60.5		Commission Visa	62.4			60.4
Die Arson Paid	50.6		60.6		Commission Visa	62.5			60.5
Die Ship Paid	50.7		60.7		Commission Visa	62.6			60.6
Die Oil Paid	50.8		60.8		Commission Visa	62.7			60.7
Die Arson Paid	50.9		60.9		Commission Visa	62.8			60.8
Die Ship Paid	51.0		61.0		Commission Visa	62.9			60.9
Die Oil Paid	51.1		61.1		Commission Visa	63.0			61.0
Die Arson Paid	51.2		61.2		Commission Visa	63.1			61.1
Die Ship Paid	51.3		61.3		Commission Visa	63.2			61.2
Die Oil Paid	51.4		61.4		Commission Visa	63.3			61.3
Die Arson Paid	51.5		61.5		Commission Visa	63.4			61.4
Die Ship Paid	51.6		61.6		Commission Visa	63.5			61.5
Die Oil Paid	51.7		61.7		Commission Visa	63.6			61.6
Die Arson Paid	51.8		61.8		Commission Visa	63.7			61.7
Die Ship Paid	51.9		61.9		Commission Visa	63.8			61.8
Die Oil Paid	52.0		62.0		Commission Visa	63.9			61.9
Die Arson Paid	52.1		62.1		Commission Visa	64.0			62.0
Die Ship Paid	52.2		62.2		Commission Visa	64.1			62.1
Die Oil Paid	52.3		62.3		Commission Visa	64.2			62.2
Die Arson Paid	52.4		62.4		Commission Visa	64.3			62.3
Die Ship Paid	52.5		62.5		Commission Visa	64.4			62.4
Die Oil Paid	52.6		62.6		Commission Visa	64.5			62.5
Die Arson Paid	52.7		62.7		Commission Visa	64.6			62.6
Die Ship Paid	52.8		62.8		Commission Visa	64.7			62.7
Die Oil Paid	52.9		62.9		Commission Visa	64.8			62.8
Die Arson Paid	53.0		63.0		Commission Visa	64.9			62.9
Die Ship Paid	53.1		63.1		Commission Visa	65.0			63.0
Die Oil Paid	53.2		63.2		Commission Visa	65.1			63.1
Die Arson Paid	53.3		63.3		Commission Visa	65.2			63.2
Die Ship Paid	53.4		63.4		Commission Visa	65.3			63.3
Die Oil Paid	53.5		63.5		Commission Visa	65.4			63.4
Die Arson Paid	53.6		63.6		Commission Visa	65.5			63.5
Die Ship Paid	53.7		63.7		Commission Visa	65.6			63.6
Die Oil Paid	53.8		63.8		Commission Visa	65.7			63.7
Die Arson Paid	53.9		63.9		Commission Visa	65.8			63.8
Die Ship Paid	54.0		64.0		Commission Visa	65.9			63.9
Die Oil Paid	54.1		64.1		Commission Visa	66.0			64.0
Die Arson Paid	54.2		64.2		Commission Visa	66.1			64.1
Die Ship Paid	54.3		64.3		Commission Visa	66.2			64.2
Die Oil Paid	54.4		64.4		Commission Visa	66.3			64.3
Die Arson Paid	54.5		64.5		Commission Visa	66.4			64.4
Die Ship Paid	54.6		64.6		Commission Visa	66.5			64.5
Die Oil Paid	54.7		64.7		Commission Visa	66.6			64.6
Die Arson Paid	54.8		64.8		Commission Visa	66.7			64.7
Die Ship Paid	54.9		64.9		Commission Visa	66.8			64.8
Die Oil Paid	55.0		65.0		Commission Visa	66.9			64.9
Die Arson Paid	55.1		65.1		Commission Visa	67.0			65.0
Die Ship Paid	55.2		65.2		Commission Visa	67.1			65.1
Die Oil Paid	55.3		65.3		Commission Visa	67.2			65.2
Die Arson Paid	55.4		65.4		Commission Visa	67.3			65.3
Die Ship Paid	55.5		65.5		Commission Visa	67.4			65.4
Die Oil Paid	55.6		65.6		Commission Visa	67.5			65.5
Die Arson Paid	55.7		65.7		Commission Visa	67.6			65.6
Die Ship Paid	55.8		65.8		Commission Visa	67.7			65.7
Die Oil Paid	55.9		65.9		Commission Visa	67.8			65.8
Die Arson Paid	56.0		66.0		Commission Visa	67.9			65.9
Die Ship Paid	56.1		66.1		Commission Visa	68.0			66.0
Die Oil Paid	56.2		66.2		Commission Visa	68.1			66.1
Die Arson Paid	56.3		66.3		Commission Visa	68.2			66.2
Die Ship Paid	56.4		66.4		Commission Visa	68.3			66.3
Die Oil Paid	56.5		66.5		Commission Visa	68.4			66.4
Die Arson Paid	56.6		66.6		Commission Visa	68.5			66.5
Die Ship Paid	56.7		66.7		Commission Visa	68.6			66.6
Die Oil Paid	56.8		66.8		Commission Visa	68.7			66.7
Die Arson Paid	56.9		66.9		Commission Visa	68.8			66.8
Die Ship Paid	57.0		67.0		Commission Visa	68.9			66.9
Die Oil Paid	57.1		67.1		Commission Visa	69.0			67.0
Die Arson Paid	57.2		67.2		Commission Visa	69.1			67.1
Die Ship Paid	57.3		67.3		Commission Visa	69.2			67.2
Die Oil Paid	57.4		67.4		Commission Visa	69.3			67.3
Die Arson Paid	57.5		67.5		Commission Visa	69.4			67.4
Die Ship Paid	57.6		67.6		Commission Visa	69.5			67.5
Die Oil Paid	57.7		67.7		Commission Visa	69.6			67.6
Die Arson Paid	57.8		67.8		Commission Visa	69.7			67.7
Die Ship Paid	57.9		67.9		Commission Visa	69.8			67.8
Die Oil Paid	58.0		68.0		Commission Visa	69.9			67.9
Die Arson Paid	58.1		68.1		Commission Visa	70.0			68.0
Die Ship Paid	58.2		68.2		Commission Visa	70.1			68.1
Die Oil Paid	58.3		68.3		Commission Visa	70.2			68.2
Die Arson Paid	58.4		68.4		Commission Visa	70.3			68.3
Die Ship Paid	58.5		68.5		Commission Visa	70.4			68.4
Die Oil Paid	58.6		68.6		Commission Visa	70.5			68.5
Die Arson Paid	58.7		68.7		Commission Visa	70.6			68.6
Die Ship Paid	58.8		68.8		Commission Visa	70.7			68.7
Die Oil Paid	58.9		68.9		Commission Visa	70.8			68.8
Die Arson Paid	59.0		69.0		Commission Visa	70.9			68.9
Die Ship Paid	59.1		69.1		Commission Visa	71.0			69.0
Die Oil Paid	59.2		69.2		Commission Visa	71.1			69.1
Die Arson Paid	59.3		69.3		Commission Visa	71.2			69.2
Die Ship Paid	59.4		69.4		Commission Visa	71.3			69.3
Die Oil Paid	59.5		69.5		Commission Visa	71.4			69.4
Die Arson Paid	59.6		69.6		Commission Visa	71.5			69.5
Die Ship Paid	59.7		69.7		Commission Visa	71.6			69.6
Die Oil Paid	59.8		69.8		Commission Visa	71.7			69.7
Die Arson Paid	59.9		69.9		Commission Visa	71.8			69.8
Die Ship Paid	60.0		70.0		Commission Visa	71.9			69.9
Die Oil Paid	60.1		70.1		Commission Visa	72.0			70.0
Die Arson Paid	60.2		70.2		Commission Visa	72.1			70.1
Die Ship Paid	60.3		70.3		Commission Visa	72.2			70.2
Die Oil Paid	60.4		70.4		Commission Visa	72.3			70.3
Die Arson Paid	60.5		70.5		Commission Visa	72.4			70.4
Die Ship Paid	60.6		70.6		Commission Visa	72.5			70.5
Die Oil Paid	60.7		70.7		Commission Visa	72.6			70.6
Die Arson Paid	60.8		70.8		Commission Visa	72.7			70.7
Die Ship Paid	60.9		70.9		Commission Visa	72.8			70.8
Die Oil Paid	61.0		71.0		Commission Visa	72.9			70.9
Die Arson Paid	61.1		71.1		Commission Visa	73.0			71.0
Die Ship Paid	61.2		71.2		Commission Visa	73.1			71.1
Die Oil Paid	61.3		71.3		Commission Visa	73.2			71.2
Die Arson Paid	61.4		71.4		Commission Visa	73.3			71.3
Die Ship Paid	61.5		71.5		Commission Visa	73.4			71.4
Die Oil Paid	61.6		71.6		Commission Visa	73.5			71.5
Die Arson Paid	61.7		71.7		Commission Visa	73.6			71.6
Die Ship Paid	61.8		71.8		Commission Visa	73.7			71.7
Die Oil Paid	61.9		71.9		Commission Visa	73.8			71.8
Die Arson Paid	62.0		72.0		Commission Visa	73.9			71.9
Die Ship Paid	62.1		72.1		Commission Visa	74.0			72.0
Die Oil Paid	62.2		72.2</						

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[illegible]

MP401112973

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REDACTED CONFIDENTIAL POL INFO

MetLife

MetLife Insurance Company
100 West Street, Suite 1000, New York, NY 10038-1000

944,230.27
241,230.27

RE Policies

82

88
75

Insured

Frank Pasqualino

Dear [REDACTED]

This will supplement our letter dated October 24, 1989. Policy 82 [REDACTED] was issued October 31, 1989, under our Flexible Premium Multifund Life Insurance plan for \$75,000.00. The total gross deposits paid presently total \$11,017.27.

Policy 75 [REDACTED] was issued November 13, 1989, under the Whole Life plan of insurance for \$10,000.00. The annual premium of \$5.70 was paid to November 13, 1989 when this policy was cashed out for \$2,239.27.

Policy 82 [REDACTED] was issued September 1, 1989, under the Whole Life to Age 90 plan of insurance for \$14,800.00. The monthly premium of \$60.31 was paid to October 3, 1989 when this policy was cashed out for \$2,239.27.

We are willing to receive policy 82 [REDACTED] in full and refund of \$11,017.27 representing the gross deposits paid. This refund is being forwarded to the cash surrenders of \$2,239.27 on policy 75 [REDACTED].

Policy 75 [REDACTED] A. Below is a breakdown of our refund:

Policy 75 [REDACTED] A	\$2,239.27
Reverse Cash Surrender	\$39.10
Reverse Loan	\$34.20
Premiums due from November 1, 1989 to November 1989	6 annual @ \$305.70
Total Amount due for Restoration	\$12.57

MetLife Insurance Company

MP401112974

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

941230
741230 2808

Policy #7

Reverse Cash Surrender

Premium due from October 1989
to January 1995

\$2,911.44

\$3,799.57

\$6,710.00

63 months @ \$61.31

As you can see the total to restore your policies is \$11,421.01. If you wish to restore your policies, you may restore only one and have the balance refunded to you.

Please advise by December 20, 1994, how you wish to restore both policies please send your check for \$606.31 to my attention in the enclosed envelope.

If you have any questions please feel free to contact us at 1-800-MET-5000.

Sincerely

Barb Rapp
Administrative Services
Johnston Administrative Office

December 1, 1994

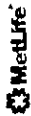
BR/jjs

Johnston Administrative Office

MP4011112975

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REDACTED CONFIDENTIAL POL INFO



MetLife Insurance Company of New York
120 Broadway, New York, NY 10038-1001

Re: Policy # [REDACTED] UM

Dear [REDACTED]:

This is in response to your recent letter.

We are currently obtaining the necessary information to address your situation and will reply as soon as we are able to do so.

Your patience will be appreciated.

Sincerely,

Leonard R. Nicotry
Director
Administrative Services
October 24, 1994
LRN/jmk

Metropolitan Life Insurance Company

5/8/95

REDACTED
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MP401112976

To: Bureau
From: [REDACTED]
Date: 8-14-1991
Subject: [REDACTED]

Re Policy # [REDACTED]

Dear Mr. [REDACTED]:
Dividends in the amount of \$1,911.41 have been withdrawn from policy # [REDACTED]. The amount, along with your original check for \$1,911.41, has been used to fully repay the loan on policy # [REDACTED]. There are currently no loans outstanding.

The amount of additional insurance purchased by the dividend which is \$499.13 is \$499.13. The cash value of the additional insurance is \$499.13. The amount that you could withdraw.

Your current dividend option is Premium Reduction. This means that the current dividend is used to pay the annual premium. If the dividend is not enough to pay the premium, the amount is mailed to you in a check. If the dividend is not enough to pay the premium, a bill for the balance due would be mailed to you. There is no tax reporting under this option.

The beneficiary on policy # [REDACTED] is listed as [REDACTED].

If you have any further questions, please feel free to contact me at (814) 292-0336.

Sincerely,

Carol L. Slone
Carol L. Slone
Office of Consumer Relations
August 14, 1991
CLS/sjc

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MP4011112977

91031900336

Mr. [redacted] came in and [redacted]
amount needed to repay [redacted]
deducted with [redacted] [redacted]
told \$3,305.94. It wants to [redacted]
"1920.00 and your [redacted]
a 385.74. It won't sign document for [redacted]
Send him. New quote [redacted]
See [redacted]

Check stamp
108 12 74
[redacted]

POLICY # [redacted]
DEBIT
Prem. 1st
Trans. Remy
Loan Inter
Susp. Assn
Susp. Liab
TOTAL 0
POLICY # [redacted]
Insured
Paid To Ben
code
District of
Agency/Inde
Commission

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MP401112978

[illegible]

17/88 (20/10/88)
 003 020 00004
 023 020 01800
 DIVIDEND FEEDBACK
 TT CURR.

TT	CURR. DIV.	Q
25	0	1
	0	2
	0	3
	0	4
	0	5
	0	6
	0	7
	0	8
	0	9

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MP401112981

FLYING PREMIUM LIFE POLICY CANCELLATION REQUEST

Policy Number 88 Insured [REDACTED] Refund Amount \$ 1920.00

Gross Premium Paid \$ 1920.00

The above policy is being cancelled as a "lift".

1. Refund all premium payments (via QX Transaction) and refund without interest.

2. Refund less the following, if applicable:

() Full Cash/Loan Value Already Paid \$

() Full Cost of Insurance Charges \$

19 to

REFUND CHECK(S) TO BE ISSUED (USE CODE Z70) \$

A. Issue check to () Policyholder

() Other (Specify)

1. Send check to () Policyholder

() District/Branch

() Other (Specify)

PROCESSING AREA

REQUEST FOR 190A, as follows:

Authorizing N.D. Division	Identification of Policyholder	Name of Person to Receive Refund	Amount of Control Refund
620	Bestor	[REDACTED]	1920.00
620	Division	[REDACTED]	1920.00

Commissions

1. First Year

() Allow to Stand

2. Renewal/Service

() Allow to Stand

Manually complete for policy lift

1. This form is to be completed by the policyholder or the insured person. It is not to be completed by the insurance company.

2. This form is to be completed by the policyholder or the insured person. It is not to be completed by the insurance company.

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Policy No.	89	90	91	
State policy dividend	38.76	41.35	42.86	
State, for individual benefit				
Total state policy dividend	5.	5.	5.	
Amount of business				
Dividend payable				
Least Term Value factor				
Amount of business				
Partial dividend payable				
Policy loaned Value factor				
Amount of business				
Partial dividend payable				
Total dividend payable	193.80	206.75	214.30	
At date				
Amount of dividend at				
Policy year At business	2042.02	2703.50	3073.67	
At business factor	1.0570	1.0585	1.0585	
Policy year At business - business	2703.80	3073.67	3253.47	
Amount of business at				
Business year At business				
and at At factor				
Amount of business at				
Policy year At business				
At business factor				
Policy year At business - business				
Amount of business at				
Business year At business				
and at At factor				
Amount of business at				
Policy year At business				
At business factor				
Policy year At business - business				
Amount of business at				
Business year At business				
and at At factor				
Amount of business at				

MP401112983

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File Date: 8-28-91 Insured: [REDACTED]
 Policy: 62 Balance as of: 8-28-91
 Bill On: 8-28-91 A
 P'd to D: 8-28-91
 Issue D: 8-28-91
 P'm: 138.05
 Mode: Annual
 Amt of Int: 5.000
 Cur. Dr: 214.30
 How Used: 1 From Red
 Option: 0
 Dr. Spec: 0
 For Status: To Force - 91
 Int O O Agr: 1415-815
 Plan Code: 1000
 Age at Issue: 35
 A.I.R: 2-1
 DISA: 1
 FIR: 1
 Manual: 1
 Prop Reg On: 7-19-91

CAUCLEED

At RA Canc: [REDACTED]
 DWT Canc: [REDACTED]
 1VT Canc: [REDACTED]
 Int on CWC DWT: [REDACTED]
 Appl KAA: [REDACTED]
 Appl DWT: [REDACTED]
 Cycle Yr: [REDACTED]
 CV Brk Dr: [REDACTED]
 Yr Dr Cr: [REDACTED]
 Cancel Dr: [REDACTED]
 Dr Type: [REDACTED]

WITHDRAWN

At RA Wdn: 510.32
 DWT Wdn: [REDACTED]
 Int Wdn: [REDACTED]
 DWT Escd: [REDACTED]
 Appl AUA: 83.05
 CV Brk Dr: 300.95
 Cycle Wdn: 1-28-91
 Dr Type: 63

Hold Pl: [REDACTED]
 Date In: [REDACTED]
 Date To: [REDACTED]

MP401112984

REDACTED
CONFIDENTIAL POL INFO

CONFIDENTIAL

MP401112985

Country	Area and sq. mi.	Population (1960)	Capital (1960)	Area (sq. mi.)
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RAY OSGOOD/NCI
CONSUMER SERVICE REPRESENTATIVE
PENNSYLVANIA INSURANCE DEPARTMENT
800N 30A STATE OFFICE BUILDING
300 LIBERTY AVE
PITTSBURGH PA 15222

Re Insured
Policy
TCOF #110

Dear Mr. Oakes:

This will supplement my letter dated June 21, 1991. We have completed our investigation and we feel that a request is in order. It does not appear that there are sufficient dividends in policy order. [REDACTED] b6 b7C UL indefinitely.

The gross deposits of \$1,920.00 will be recalled from policy # [REDACTED] b6
[REDACTED] A to find policy #80 [REDACTED] b7C

The gross deposits of \$1,920.00 will be recalled from policy # [REDACTED] b6
[REDACTED] A as the sum and will be used to restore the dividends to policy # [REDACTED] b6
[REDACTED] UN should be returned to our office at the same amount. Policy # [REDACTED] b6
UN should be signed and returned in the enclosed envelope.
enclosed release form should be signed and returned in the enclosed envelope.

Sincerely,

J. F. Smith
Vice-President
July 15, 1991
JF8108

REDACTED CONFIDENTIAL
POL INFO

CONFIDENTIAL

MP4011112986

TO MEMORIAL LIFE INSURANCE COMPANY
9000 45

RE: Policy - 41 [REDACTED] UL [REDACTED] Insured - [REDACTED]

in consideration of the payment of \$1,920.00, representing refund of premium
in consideration of the subject policy, or the crediting of such payment to the policy
of Policy and [REDACTED] also on the life of the insured, the insurance company, [REDACTED]
understand and hereby release Metropolis Life Insurance Company from all
further liabilities and obligations whatsoever under the subject policy.

Based at _____ this _____ day of _____ 19____
Witness _____
Policyowner _____

**

RECEIVED BY THE INSURANCE COMPANY
OCT 11 2006

**REDACTED CONFIDENTIAL
POL INFO**

CONFIDENTIAL

FROM: NCAO-CONSUMER RELATIONS, J. 3504: 91-01525592.
TO: JES MONROEVILLE SENT: 07/12/91 10:21

INVESTMENT BANK

[illegible]

LOCATION: BRACKENRIDGE 0 0 3 4 6

21: INSURED

POLICY NUMBER [REDACTED] JJ.

WE HAVE COMPLETED OUR INVESTIGATION AND WE FEEL THAT

IN ORDER, THIS WAS A 'PLOT' - A SITUATION AS Q10

WILL TO FIND THE NEW PLANT. HYPERALL
REPLACEMENT VASE
THREE ARE INST

OF THE NEW APPLICATION, AND, IN ADDITION, THERE ARE INSTANCES WHERE WE FIND THE "B" PUT IN BY DIFFERENTLY

IN CASES DEPOSITS OF 11,000 ARE BEING RECALLED AND

PLEASE BACK TO THE DIVISION OF REGULATION ON POLICY

100

OFFICE OF THE
CLERK OF THE COURT

TABLE 1
CONSUMER RELATIONS

0-97
LANGEHEIM & KESSELHIMS

...

MP401112987

CONFIDENTIAL

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CONFIDENTIAL
POL INFO

MP401112988

[illegible]

REDACTED
CONFIDENTIAL POL
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MP401112989

VALUABLE PRESENT LIFE POLICY LIVING INSURANCE

✓ WPC/UL

Policy Number

Green Premium Paid

The above policy is being cancelled as "vital"

1. Local all premium payments (via VA Transaction) and

() without interest

() with interest

2. Refund base the following, if applicable:

() Full Cash Surrender Value already paid

() Full Cash Surrender Value less charges

() Full Cash Surrender Value less charges

19 to 19

RETURN CHECKS TO BE ISSUED (USE CODE 210)

A. Issue check to () Policyholder

() Other (Specify)

B. Send check to () Policyholder

() District/Branch

() Other (Specify)

PROCESSING AREA

RETURN FOR 1904 as follows

Identification of

The beneficiary type

Authority of

R.D. Division

Signature

Commissioner

1. Allow to stand

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Copy

REDACTED CONFIDENTIAL
POL INFO

CONFIDENTIAL

MP4011112990

Georg

88-01531-1900349 Gross Depreciation

62 [REDACTED] A Div/w 2/8/85

05/06/19

NOV 21 1964

CONFIDENTIAL

[illegible]

REDACTED
CONFIDENTIAL POL INFO

CONFIDENTIAL

MP401112994

MEMO-CONSUMER RELATIONS 1-10-01 10:00 AM
TO : JAS KORBREVILLE
FROM : [REDACTED]
SUBJ: COMPLAINT - [REDACTED]
ATTENTION: KENNETH KACEMER, SR.
SALES REP.

RE: INSURED [REDACTED]
POLICY NO. [REDACTED]

THANK YOU FOR YOUR LETTER DATED JUNE 14, 1994. HOWEVER, THE
SUBJECT INFORMATION IS NOT IN THE CLUBS RECORDS.
IT IS INSURED FOR THE YEAR 1994. IN ADDITION, NO INSURANCE
IS TO BE FURNISHED.

THANK YOU
LORRA BLANK
CONSUMER RELATIONS

10/15/00

5 5 0 0 6 1
10/15/00

CONFIDENTIAL

REDACTED
CONFIDENTIAL POL
INFO

Metro-Goldwyn-Mayer
AND AFFILIATED COMPANIES

Metropolitan Insurance Company
Office of Consumer Relations
Carol L. Slansac
500 Schoolhouse Road
Johnstown, Pa 15915

RE: Policyholder
Policy Number
Cause Number
Type of Complaint
Representative

Dear Carol

Dear Carol

I cannot under stand what the problem Mr. [redacted] is having. I will explain the best I can whatever transpired during my second sale of his policy.

I originally met Mr. [redacted] handling a death claim on his conversations and said he was a "black" man. I liked the interest he had written him a MIMC and told something or heard something about the United Negro College Fund. I did not know anything about it at the time. I was getting a contract and stopped at the office. I asked the United in taking care of his sister's death benefit. I asked her pass away before her by severant worked and gave him a social security number. I asked him how a universal death benefit. The political at the University. The latter part of 1988. The political at the February 1989.

4. [redacted] was never discussed to capital. His old policy, § 2 [redacted] All we did was use dividends to pay the premiums on this policy. Then, we used the dividends to place the Universal Life policy in [redacted] number. Then, [redacted] A policy, never intended to use the dividends from the § 2 [redacted] used the dividends from the § 2 [redacted] to drop this.

ELECTRICITY

MP401112995

CONFIDENTIAL

MP401111

p.

91011900355
Contd.: 2

In fact, he use to stop by the office four or five times a week to review these policies. Everything was fine until one day he needed money to pay off a vehicle loan. He came into the office and one of the clerks in the office processed a loan request. This money was sent directly to him. Shortly after this, and quite suddenly, he began saying that a policy was missing and that he doesn't know what he has ever been told him, or discussed.

As far as I am concerned, this is a 'crook'. He has spoken with me many, many times about these matters and suddenly he doesn't know what is going on. If I can be of any further help, please let me know.

Sincerely

[Signature]
James W. McCarroll, Sr.
Sales Representative

June 14, 1991

KPK:lj
cc: R82

Metropolitan Life
INSURANCE COMPANY

91011900355

REDACTED
CONFIDENTIAL POL
INFO

CONFIDENTIAL

MP401113000

FROM: HUNTSVILLE 9A 118 PMS 1 MSG: 91-01310298
TO: INSURANCE DEPT COMPLAINT
SUBJ: INSURANCE DEPT COMPLAINT
ATTN: INSURANCE DEPARTMENT COMPLAINT
RE: REPRESENTATIVE KENNETH A. LEESEN, AGENCY #15
CASE NUMBER 1 000 000 1

I HAVE
RECEIVED A COMPLAINT FROM JAVIE SLANIC WHICH NO
THE INSURANCE COMMISSIONER. AS WE ARE WITHIN A MANAGER
THIS CANNOT BE ANSWERED. HOWEVER, I WILL PASS THIS TO
BEGIN TO ANSWER IT.
THANK YOU, VEH
LEAH JOHNSON
JTS HUNTSVILLE, PA

SEARCHED	INDEXED
SERIALIZED	FILED
OCT 3 2006	
FBI - HUNTSVILLE	

REDACTED
CONFIDENTIAL POL
INFO

CONFIDENTIAL

MP401113001

Head In	Page	Line
0	0	0
0	6	1
0	1	0
0	1	6

Walter Gilman
Branch Manager
315 - Monroeville, PA

RE Policyholder
Policy Number
1-4407-530-1
Insurance Department
Representative/Status
Representative/Status

THE ATTACHED CORRESPONDENCE RAISES SERIOUS ALLEGATIONS AND SHOULD BE TREATED
WITH IMMEDIATE ATTENTION. Would you please look into the circumstances
surrounding the writing and placing of the policy in question.

A prompt detailed report from the sales representative and anyone else
involved in the coverage and sale of this policy is essential. Most sales
representatives submit a detailed report after their signature containing (1) personal
answers to the questions on the attached questionnaire, (2) a copy of the
materials used in the sales presentation, policy, and any other documents, and/or
policy review, etc. and (3) any additional pertinent information not
specifically requested.

If the sales representative is no longer active (retired, disabled,
etc.), every effort should be made to obtain a written report.
If unsuccessful in obtaining this report, please let us know what attempts
were made to contact the representative.

Finally, in addition to the sales representative's report, we would
appreciate receiving (1) an outline of your efforts to this date, including
the results of any interview with the insured, and (2) your recommendation
as to how the matter should be resolved.

ALL OF THE ABOVE REPORTS MUST BE SENT TO NCAD-Consumer Relations (Inquiries) as of
beforest July 1, 1991.

Carol L. Sloman
Office of Consumer Relations
North Central Administrative Office

rls/cle
ATC/STW

CONFIDENTIAL

MP401113002

CONFIDENTIAL SOURCE INFORMATION

6

IS REFERENCE TO FILE NUMBER 100-430-1

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]
8. [REDACTED]
9. [REDACTED]
10. [REDACTED]

MP4011113003

REDACTED
CONFIDENTIAL POL
INFO

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Form 10	Form 11	Form 12	Form 13	Form 14	Form 15	Form 16	Form 17	Form 18	Form 19	Form 20	Form 21	Form 22	Form 23	Form 24	Form 25	Form 26	Form 27	Form 28	Form 29	Form 30	Form 31	Form 32	Form 33	Form 34	Form 35	Form 36	Form 37	Form 38	Form 39	Form 40	Form 41	Form 42	Form 43	Form 44	Form 45	Form 46	Form 47	Form 48	Form 49	Form 50	Form 51	Form 52	Form 53	Form 54	Form 55	Form 56	Form 57	Form 58	Form 59	Form 60	Form 61	Form 62	Form 63	Form 64	Form 65	Form 66	Form 67	Form 68	Form 69	Form 70	Form 71	Form 72	Form 73	Form 74	Form 75	Form 76	Form 77	Form 78	Form 79	Form 80	Form 81	Form 82	Form 83	Form 84	Form 85	Form 86	Form 87	Form 88	Form 89	Form 90	Form 91	Form 92	Form 93	Form 94	Form 95	Form 96	Form 97	Form 98	Form 99	Form 100
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RAY OSEKOWSKI
COMMONWEALTH REPRESENTATIVE
PENNSYLVANIA INSURANCE DEPARTMENT
ROOM 100, PENN. STATE OFFICE BUILDING
100 LIBERTY AVE
PITTSBURGH PA 15222

Re: Insured
Policy
Your File 91-306-02376

Dear Mr. Osekowski:

We have received your letter of June 5, 1991, together with the enclosed. We are presently investigating the circumstances which prompted the complaint mentioned in your letter. You have my assurance that we will contact you as soon as this investigation is completed, and we have acted upon the appropriate course of action.

Sincerely

J. P. Smith
Vice-President
June 11, 1991
JPS:ale

COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT
ROOM 100, PENN. STATE OFFICE BUILDING
100 LIBERTY AVE
PITTSBURGH PA 15222



1-800-680-1

15

1661 7 8 1991

MP401113004

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POL INFO**

CONFIDENTIAL

COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT
ROOM 304 STATE OFFICE BLDG.
300 N. STATE STREET
HARRISBURG, PA. 17103

15
2001-01-01

JUNE 5, 1991

Metropolitan Life Insurance Company
500 Schoolhouse Road
Johnstown, PA 15915
ATTN: Salvatore R. Marucci

RE: Insured:
File #: 91 306 02976

Caution:

Enclosed is a copy of a complaint we have received from the named complainant(s).

above-captioned complainant(s).

Enclosed would you kindly review this matter and advise this Department of your findings within ten (10) working days.

Your cooperation in this matter will be appreciated.

Sincerely yours,

Ray Opatowich
Ray Opatowich
Consumer Services Representative
Bureau of Consumer Affairs

24

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MP401113005

CONFIDENTIAL

REDACTED
CONFIDENTIAL POL
INFO

OFFICIAL USE ONLY
INVEST: _____
FILE #: _____

COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT
JUN 19 0 03 04
INSURANCE COMPLAINT FORM



In response to your request for assistance, we are sending this Insurance Complaint Form to you. Please complete this form and return it to the nearest office. You will be hearing from us in the near future.

YOUR NAME: _____
ADDRESS: _____
SOCIAL SECURITY #: _____
INSURED: METROPOLITAN LIFE

SECTION A

1. Type of Insurance (Please Check One)
☐ AUTO ☐ FIRE ☐ LIFE ☒ MONTH ☐ OTHER ☐
 2. (A) If your problem involves an insurance company, give the full name of the company.
 (B) If your problem involves an agent or broker, give his/her full name and address.
 METROPOLITAN LIFE

3. Policy #: _____ Claim #: _____
 4. Date and location of accident or loss: _____
 5. Have you previously reported this problem to our office or any other agency?
 YES ☒ NO ☐ If yes, to whom: KEN ROSE, District Office

SECTION B. PLEASE CHECK THE STATEMENT(S) THAT APPLY TO YOUR PROBLEM.

1. ☐ The agent misrepresented the policy to me.
 2. ☒ The agent did not fully explain the conditions or limitations of the policy to me.
 3. ☒ I have been unable to get information from the company concerning my application.
 4. ☐ The company has unfairly rejected my claim.

PS-1 (04/02)

Continued on reverse side.

This document is a sample of a document that may be used in a legal proceeding.

MP401113006

CONFIDENTIAL

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CONFIDENTIAL
POL INFO

-Continued on reverse side-

PS-6 (04/87)

1. ☐ The company has not paid the full benefits to which I am entitled.
6. ☐ The company has delayed or refused to pay my benefits.
7. ☐ I feel the settlement and/or adjustment of my claim is not proper.
8. ☐ The company has not paid the premium within 1 year of due date.
9. ☐ I believe the company's action of cancellation or nonpayment of my policy was not justified.

10. ☐ Specify in your own words describe your problem. If more space is needed, attach additional sheets. Attach copies of policies, paper and correspondence.

*When New Residents from PA
#6 [redacted] A copy of the
PA [redacted] - KARMAH [redacted]
If this isn't possible I will
A Review of this situation*

PLEASE SIGN AND DATE THE STATEMENT BELOW:

In the face of my knowledge, the information contained herein is correct. I am not aware of any other persons who have knowledge of the facts and circumstances relative to this problem. I understand that this statement and attachments may be forwarded to the Insurance Company.

10/3/97

SIGNATURE

HARRISBURG REGIONAL OFFICE
Room 1321, Strawberry Square
Harrisburg State Office Bldg., Rm. 1
Harrisburg, Pennsylvania 17120
(717) 767-1217

PITTSBURGH REGIONAL OFFICE
Room 1301, State Office Building
1400 Spring Garden Street
Pittsburgh, Pennsylvania 15203
(412) 540-2530

PITTSBURGH REGIONAL OFFICE
Room 1301, State Office Building
1400 Spring Garden Street
Pittsburgh, Pennsylvania 15203
(412) 540-2530

DATE RECEIVED
Room 1301, State Office Building
1400 Spring Garden Street
Pittsburgh, Pennsylvania 15203
(412) 540-2530

Metropolitan Life

REDACTED
CONFIDENTIAL POL
INFO

CONFIDENTIAL

MP401113007

Metropolitan Life
Metropolitan Life Ins. Co.
2730 HOSSIER BLVD
MONROEVILLE PA 15146
91031900366
Branch Phone 8442-373-0116
District/Branch J15 Agency 615

ANNUITIES
9-27-59

Policy/Contract Number
67

Current Dividend
Premium Payment
Credit Amount

We are pleased to let you that your policy will denote
this year a dividend of \$100.00, provided your
policy is in force and premiums paid to date.
Your current dividend of \$100.00 will be credited to
your policy account. The dividend is not a loan or a
premium refund. It will be sent to you on or about August
26, 1989.

Do you know what your retirement needs are? For more information, contact your
representative.

REDACTED
CONFIDENTIAL POL
INFO

CONFIDENTIAL

ME4011113008

BRANCH/AGENCY JIS 615
MOOREVILLE, NVA 7 1 9 0 0 3 0 7



Metropolitan Insurance and Annuity Company

A Stock Company incorporated in Delaware

Metropolitan Insurance and Annuity Company will pay the benefits provided by this policy according to its provisions.

Insured [REDACTED]
Face Amount of Insurance \$25,000 AS OF FEB. 1, 1933
Policy Number 44- [REDACTED]
Plan FLEXIBLE-PREMIUM LIFE

Robert M. Caldwell
Robert M. Caldwell
Secretary

J. P. Moore
J. P. Moore
President and Chief Executive Officer

Flexible-Premium Life Insurance Policy

Life Insurance payable if the insured dies before the Final Date of Policy.

Accumulations Fund payable on the Final Date.

Adjustable death benefit.

Premiums payable while the insured is alive and before the Final Date of Policy.

Premiums must be sufficient to keep the policy in force.

Not eligible for dividend.

10-Day Right to Examine Policy—Please read this policy. You may return this policy within 10 days of receipt for a full refund of premium. If you do not return it within 10 days, you will be deemed to have accepted the policy and the 10-day period will not apply.

See Table of Contents and Company address on back cover.

**REDACTED
CONFIDENTIAL
POL INFO**

CONFIDENTIAL

MP401113009

[illegible]

MP401113010

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

[illegible][illegible]

MetLife

53.39

RAY OSEKOWSKI INVESTIGATOR
PENNSYLVANIA INSURANCE DEPARTMENT
ROOM 304 STATE OFFICE BUILDING
303 LIBERTY AVE
PITTSBURGH PA 15222

Re Insured
Policy
Your File

Dear Mr. Osekowski

This will supplement my letter dated January 13, 1994.

We have been advised by Branch Manager Basbur that the insured has been contacted and his policy has been explained to his satisfaction.

Policy 88-[REDACTED] UL is currently Inforce with gross deposits totalling \$8,800.00.

Sincerely

Russell J. Gramlich
Vice-President

February 3, 1994

256/257

International Life Sciences Council

1990 Munksgaard Boulevard, Suite 105, Minneapolis, MN 55416
Tel 612 773-7532
Fax 612 773-7533

MP4011113011

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

1700 Market Street, Suite 100, Harrisburg, PA 17104
 Tel 717 251-2300
 Fax 717 251-2300

Michael F. Buehrer, CLU, ChFC

Branch Manager

2000 Market Street

Harrisburg, PA 17104

217-251-2300

217-251-2300

217-251-2300

Mr. Carol L. Slanec
 Office of Consumer Relations
 JAO

Re: Complaint Case- [REDACTED] Jr.-Policy No. 88 [REDACTED] UC

Dear Carol:

The Account Representative Ken Kozmarek has contacted the insured and he reviewed the statements on his policies.

The insured is satisfied that he wasn't a victim of fraudulent practices he had read about recently. He's promised to send the Account Representative a letter refuting his complaint.

I will forward as soon as received.

Yours truly,

Mike

Michael F. Buehrer, CLU, ChFC
 Branch Manager

January 25, 1994

MFB/mec

Life, health, accident, disability, life insurance and variable annuities offered through Metropolitan Life Insurance Company
 Member of the MetLife Group of Companies

MP401113012

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

940.07 3341

Mr. Michael F. Bashur, CUI, CMFC
Branch Manager

Re: Complaint case- [REDACTED] Jr.-Polley No. 643 [REDACTED] INL

Dear Mr. Bashur:

As per [REDACTED] complaint I personally talked with [REDACTED] today. His biggest fear was he got a letter from MetLife stating his insurance was cancelled.

I faced him the annual statements for the year of 5-18-99, 5-18-91, 5-18-92, and 5-18-93. I also pointed out that as of 5-18-93 his contract had a surrender value of \$803,75. His comment to me was this is what he wanted, the letter which he received is what got him so upset.

He is going to mail a letter rescinding his complaint.

Sincerely,

[Signature]
Kenneth F. Kozmaruk
Sales Representative

January 24, 1994

KFK/mr

44-38861-100

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

Insurance Administrative Office
 100 Washington Road, Allentown, PA 18106-3002

940707 3343

Comet

Michael F. Basher
 Branch Manager
 215 Mountville, PA

January 13, 1994

EB Policyholder
 Policy Number(s)
 Type of Complaint
 Representative/Status
 Insurance Dept.
 Kenneth Kaczmarek/Active

THE ATTACHED CORRESPONDENCE RAISES SERIOUS ALLEGATIONS AND SHOULD RECEIVE YOUR IMMEDIATE ATTENTION. Would you please look into the circumstances surrounding the writing and placing of the policy in question.

A prompt detailed report from the sales representative and anyone else involved in the canvass and sale of this policy is essential. Have each one submit a detailed report over their signature containing: (1) specific answers to the questions on the attached questionnaire; (2) copies of any material used in the sales presentation, policy delivery interview, and/or policy review, etc. and; (3) any additional pertinent information, not specifically requested.

If the sales representative is no longer active (retired, disabled, terminated), every effort should be made to obtain a written report. If you are unsuccessful in obtaining this report, please let us know what attempts were made to contact the representative.

Finally, in addition to the sales representative's report, we would appreciate receiving (1) an outline of your findings in this case, including the results of any interview with the insured, and (2) your recommendation as to how the matter should be resolved.

NOTE The reports must be sent to NCAO-Consumer Relations (Johnstown) on or before: January 26, 1994.

Carol L. Stinec
 Office of Consumer Relations
 Johnstown Administrative Office

CLS:dc

Attachment

Metropolitan Life Insurance Company

CONFIDENTIAL

MP4011113015

MISREPRESENTATION/REPLACEMENT QUESTIONNAIRE

1. DESCRIBE IN DETAIL THE CANVASS, THE BASIS OF THE SALE, AND THE PLACING OF NEW INSURANCE.
2. WHAT WAS YOUR IMPRESSION OF THE INSURED'S UNDERSTANDING OF THE PURPOSE OF THIS INSURANCE?
3. WAS THERE ANY DISCUSSION DURING THE SELLING OR PLACEMENT INTERVIEW REGARDING THE REPLACEMENT OF ANY EXISTING INSURANCE? (GIVE FULL DETAILS)
4. WHY WASN'T THE REPLACED POLICY LISTED AS AN IN-FORCE POLICY ON THE APPLICATION?
5. IF REPLACEMENT WAS INTENDED, WHY WASN'T IT INDICATED ON THE APPLICATION?
6. WHY WEREN'T THE REQUIRED STATE INSURANCE DEPARTMENT REPLACEMENT FORMS COMPLETED AND SUBMITTED WITH THE APPLICATION?
7. WAS THERE ANY DISCUSSION REGARDING THE PAYMENT OF PREMIUMS ON NEW OR EXISTING INSURANCE BY MEANS OF POLICY LOANS? (EXPLAIN IN DETAIL)
8. DESCRIBE WHAT EFFORTS WERE MADE TO CONSERVE OR MAKE CHANGES IN THE EXISTING INSURANCE TO OBTAIN THE RESULTS DESIRED BY THE INSURED.
9. WAS AN ILLUSTRATION SHOWING THE YEAR BY YEAR CASH SURRENDER VALUE OF THE POLICY PROVIDED AND DISCUSSED? IF SO, SEND US A COPY IF AVAILABLE.
10. WAS ANY REQUEST FOR EXERCISE OF THE 10-DAY FREE LOOK PROVISION MADE?
11. IS THERE ANY INDICATION OF INFLUENCE BY AN OUTSIDE PARTY?

DC

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP4011113016

Address: Philadelphia, PA
19101-1000

946.207 5345



RAY OSEKOWSKI INVESTIGATOR
CONSUMER SERVICES REPRESENTATIVE
BUREAU OF CONSUMER SERVICES
PENNSYLVANIA INSURANCE DEPARTMENT
ROOM 304 STATE OFFICE BUILDING
300 LIBERTY AVE
PITTSBURGH PA 15222

Re Insured
Policy
Your File

88-
UL
93-366-04637

Dear Mr. Osekowski

We have received your letter of January 6, 1994, together with its enclosures.

We are presently investigating the circumstances which prompted the complaint mentioned in your letter. You have my assurance that we will contact you as soon as this investigation is completed, and we have decided upon the appropriate course of action.

Sincerely

Russell J. Gramlich
Vice-President

January 13, 1994

RJG/dc

Metropolitan Life Insurance Company

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP4011113017

Metropolitan Life Insurance Company

COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT
ROOM 24.100
300 LEBANON AVENUE
PITTSBURGH, PA 15222

TELEPHONE (412) 565-6000

JANUARY 6, 1994

Metropolitan Life Insurance Co.
500 Schoolhouse Rd.
Johnstown, PA 15915
Attn: Salvatore R. Masucci

RE: Insured: [REDACTED]
File #: 93-105 04637

Dear Sir/Madam:

Enclosed is a copy of a complaint we have received from the above-captioned complainant(s).

Would you kindly review this matter and advise this Department of your findings within ten (10) working days. If you have any questions concerning this matter, please contact me at 412-565-7661.

Your cooperation in this matter will be appreciated.

Sincerely yours,

Ray Oskowski
Consumer Services Representative
Bureau of Consumer Services

C-4

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MPA01113018

COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT
INSURANCE COMPLAINT FORM
(Please Print or Type)

RECEIVED
DEC 30 1993

IN response to your request for assistance, we are sending this Insurance Complaint Form. In order that a complaint be considered, please complete this form and return it to the nearest regional office.

NAME: [REDACTED]
ADDRESS: [REDACTED]
EMPLOYED NAME: [REDACTED] (If other than above)

DAYTIME TELEPHONE # [REDACTED]
HOME (area code) [REDACTED]
FAX (area code) [REDACTED]

1. Type of Insurance (Please Check One) ☐ HOMEOWNERS ☐ COMMERCIAL ☐ LIFE ☐ REALTY ☐ OTHER ☒ Flexible - Pension Life (specify)

2. (A) If your problem involves an insurance company, give the full name of the company:
Metropolitan Life Insurance Co.
(B) With whom at the company have you dealt?
Name: Ken Kaczmarek Phone #: [REDACTED]
Kenneth Kaczmarek 2790 Massie Blvd Suite 105 Myrtle Beach, SC 29577-3333 412-373-3336

3. If your problem involves an agent or broker, give his/her full name, address and phone #: [REDACTED]
Policy #: 88 [REDACTED] UL Date #: [REDACTED]

4. Date and location of accident or loss: [REDACTED]

5. Have you previously reported this problem to our office or any other agency?
Yes ☒ No ☐ If yes to whom? Kenneth Kaczmarek

PLEASE CHECK THE TYPE OF PROBLEM THAT APPLIES TO YOUR COMPLAINT.

☐ Cancellation/Nonrenewal
☐ Claims Handling
☐ Billing/Premium Dispute
☒ Sales Misrepresentation
☐ Other (specify) [REDACTED]

PS-4 (Rev. 06/92)

OFFICE USE ONLY
CER: [REDACTED]
FILE #: [REDACTED]

-continued on reverse side-